

Please print in ink  
(preferably black)

## CITY OF HARRISONBURG

An Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT



345 S. Main Street  
Room 207  
Harrisonburg, VA 22801

No. of Attachments \_\_\_\_\_

Mail to:  
P.O. Box 20031  
Harrisonburg, VA 22803

Employees of the City and all applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling 540-432-8930.

1. Position applied for \_\_\_\_\_ (one per application) 2. Position # \_\_\_\_\_

3. Social Security No. \_\_\_\_\_ (NOTE: Completion of # 3 is optional. Failure to submit social security number on this form will not prohibit consideration. Social Security number will be required on other forms prior to employment.)

4. Full Legal Name \_\_\_\_\_ 6. Home Phone \_\_\_\_\_  
Last First Middle

5. Address \_\_\_\_\_ 7. Cell Phone \_\_\_\_\_

City State Zip 8. Business Phone \_\_\_\_\_

### 9. EDUCATION

a. Check highest grade completed ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No

c. Check number of years of post high school education ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

### License (to include driver's), certificate or other authorization to practice a trade or profession.

Type License Number Granted by (licensing board)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 10. EXPERIENCE

A RESUME MAY NOT BE SUBMITTED FOR COMPLETION OF THIS SECTION

PRESENT  
EMPLOYER \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Ave. Wk Hrs. \_\_\_\_\_

Job Title \_\_\_\_\_ Salary Starting \_\_\_\_\_ Ending \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

EMPLOYER \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Ave. Wk Hrs. \_\_\_\_\_  
 Job Title \_\_\_\_\_ Salary Starting \_\_\_\_\_ Ending \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Duties \_\_\_\_\_

NOTE: USE SUPPLEMENTAL FORM FOR ADDITIONAL EMPLOYMENT HISTORY IF NEEDED

Additional information you think would help us evaluate your application, including training, seminars, workshops, specialized skills, etc.

#### 11. REFERENCES

List names, addresses, and relationships of three persons not related to you who know your qualifications.

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### 12. MISCELLANEOUS

- Check which job status you would accept: Full Time \_\_\_\_\_ Part Time (specify) \_\_\_\_\_
- Are you willing to accept employment which requires you to travel? \_\_\_\_\_ No \_\_\_\_\_ Yes
- For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- Section 2.2-2903 of the Code of Virginia prohibits any board, commission, department, agency, institution, or instrumentality of the City of Harrisonburg from employing a person who is required to present himself and submit to the federal Selective Service registration Requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? \_\_\_\_\_ Yes \_\_\_\_\_ No.  
 If no, state reason: \_\_\_\_\_
- For purposes of compliance with Section 2.2-903 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, did you serve during the Vietnam Conflict (2/28/61 – 3/7/75)? \_\_\_\_\_ Yes \_\_\_\_\_ No.
- Have you ever been convicted\* for any violation(s) of law, including moving traffic violations. \_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, please provide the following:  
 Describe the offense:  
 County, City, State of Conviction: \_\_\_\_\_ Statue or ordinance (if known) \_\_\_\_\_ Date of conviction \_\_\_\_\_  
 (For additional convictions use plain paper. Include all information listed above.)
  - Convictions include Virginia juvenile adjudications for Capital murder, First and Second degree Murder, Lynching, or Aggravated Malicious Wounding, if You were age fourteen (14) to eighteen (18) when charged.

13. When will you be able to start work? ( No date is necessary if you are available as soon as you give two (2) weeks notice.) \_\_ Mo. \_\_ Day \_\_ Yr.

#### 14. CERTIFICATION Each Application Requires Current Date and Original Signature.

I hereby certify that all entries on application and attachments are true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the City of Harrisonburg. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and education institutions listed being contacted regarding this application. I further authorize the City to rely upon and use, as it sees fit, and information received from such contacts. Information contained on this application may be disseminated on a need-to-know basis for good cause shown as determined by the Department Director.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

City of Harrisonburg, Virginia  
Applicant Data Form

The following information is required to meet federal reporting and record keeping requirements. This information **will not** be used for making employment decisions and **will not** be provided with your application to the appointing authority.

\_\_\_\_\_Male  
\_\_\_\_\_Female

\_\_\_\_\_White  
\_\_\_\_\_Black  
\_\_\_\_\_Hispanic  
\_\_\_\_\_Asian or Pacific Islander  
\_\_\_\_\_American Indian

Check the highest level of education you have completed (check only one).

\_\_\_\_\_Less than 8<sup>th</sup> grade  
\_\_\_\_\_Completed 8<sup>th</sup> grade  
\_\_\_\_\_Attended high school  
\_\_\_\_\_High school graduate or equivalent  
\_\_\_\_\_Attend college  
\_\_\_\_\_College graduate  
\_\_\_\_\_Attended graduate school  
\_\_\_\_\_Master's degree  
\_\_\_\_\_Graduate study beyond Master's  
\_\_\_\_\_Ph.D. or professional degree

Applicant's Name: \_\_\_\_\_

Position applied for: \_\_\_\_\_

How did you learn about the position for which you are applying?

\_\_\_\_\_Newspaper

\_\_\_\_\_City Website

\_\_\_\_\_Posted Job Announcement

\_\_\_\_\_City Employee

\_\_\_\_\_Virginia Employment Commission

\_\_\_\_\_City jobline

\_\_\_\_\_TV – City Span

\_\_\_\_\_Other (please specify) \_\_\_\_\_

FOR OFFICE USE ONLY

EEO Category: \_\_\_\_\_

EEO Function: \_\_\_\_\_

Name \_\_\_\_\_ Position Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Position Applied For \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Ave. Wk Hrs. \_\_\_\_\_

Job Title \_\_\_\_\_ Salary Starting \_\_\_\_\_ Ending \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Ave. Wk Hrs. \_\_\_\_\_

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\_\_\_\_\_